

State of Delaware



INSURANCE COMMISSIONER

841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739-4251
FACSIMILE (302) 739-5280

Department of Insurance

DESIGNATION OF PERSON TO RECEIVE DELAWARE
REGULATIONS, BULLETINS, DIRECTIVES AND
NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance
copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

NAIC #: _____ STATE OF INCORPORATION: _____

WITNESS my hand and seal of the Company affixed hereto this _____ day of _____,
20____.

(SEAL) BY: _____

TITLE: _____